



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

PSYCHOLOGICAL EVALUATION

Effective Date: July 28, 2015

Policy #: PGS-01

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- I. PURPOSE:** To describe psychological evaluation services at Montana State Hospital (MSH).
- II. POLICY:**
 - A. MSH will provide, or have available, psychological evaluation and consultation services adequate to meet the needs of the patients.
 - B. Psychological evaluation services are provided by qualified staff, in accordance with professional and ethical standards of the American Psychological Association (APA), federal statutes, and state statutes (referenced below).
 - C. In general, psychological evaluation services are initiated by a Licensed Independent Practitioner's (LIP) written referral specifying the referral question or issue. When referral issues in criminal cases are related to orders to evaluate from a district court, the assigned Psychologist will work with the forensic LIP to complete the forensic evaluation in accordance with relevant criminal statutes.
 - D. Choices about which evaluation and reporting procedures to use, including selection and administration of psychological tests, are left to the discretion of the Psychologist assigned.
 - E. Information compiled in the psychological evaluation process may be used by the court and the patient's treatment team to formulate recommendations for treatment, discharge planning, and the disposition of criminal cases. Psychological reports become a permanent part of the medical record. Raw data from testing is archived in a central psychology testing file. When a patient is readmitted, a copy of the most recent psychological evaluation will be included in the current medical record.
 - F. The Psychology Department supervisor will collaborate with the Director of Quality of Improvement to maintain a quality assurance and performance improvement program to monitor the quality of psychological evaluations.
- III. DEFINITIONS:**
 - A. Psychologist – An individual who has met all qualifications for licensure as a psychologist per §37-17-302, MCA and has passed the required licensing examinations. The psychologist may be a state employee or independent contractor.

- B. Psychology Intern – An individual who meets criterion 1-3 of the qualifications for licensure as a psychologist but needs postdoctoral supervision by a licensed psychologist before licensure. The Intern practices under the supervision of a licensed psychologist.
- C. Psychology Assistant – An individual who meets criterion 1 and 2 of the qualifications for licensure as a psychologist but needs additional education, training, and experience to obtain their license. The Assistant has a limited scope of practice under the supervision of a licensed psychologist.

IV. RESPONSIBILITIES:

- A. Psychologist – Provides psychological evaluations in a timely manner according to federal, state, and professional standards.
- B. LIP- Identify patients in need of psychological evaluation, initiate referrals, consult with psychologists about referral questions/court orders, and sign the referral for psychological evaluation.

V. PROCEDURE:

- A. The LIP, in collaboration with the treatment team, will assess the patient's need for psychological evaluation. Indications for psychological evaluation may include but are not limited to the following:
 - 1. A court ordered mental examination (fitness to proceed, criminal responsibility, dangerousness, treatment needs, placement);
 - 2. Questions about cognitive functioning and ability to care for oneself;
 - 3. Evaluation for recommitment;
 - 4. Diagnostic clarification, assessment of needs, and treatment planning; ;
 - 5. Question regarding the patient's capacity to function in various specified roles;
 - 6. Assessment of violence risk and development of risk management plans.
- B. Psychological evaluation will be initiated by completion of the Request for Special Consultation, Evaluation, or Treatment (Attachment A), or a similar electronic referral system. The referral will be signed by the LIP and forwarded to the Psychology Department for assignment to the appropriate Psychologist, Psychology Intern, or Psychology Assistant. The referral form may also be given directly to the Psychologist assigned to the patient's treatment unit who will inform the Psychology Department supervisor of the assignment.
- C. If hospital staff is not able to complete the requested evaluation, the LIP may contact the Director of Clinical Services to discuss the possibility of requesting evaluation from a qualified person outside of the hospital.

- D. The original referral form will be returned to the patient's treatment unit to be placed in the patient's chart under the "Psychology" section.
 - E. The evaluator will provide the patient, or guardian, with a thorough explanation of the reason for the evaluation, evaluation procedures, and potential uses of the evaluation results. In most cases, the evaluator will obtain the patient's, or guardian's informed consent for the evaluation. The evaluator will respect the patient's right to refuse psychological evaluation. Even when the evaluation is court-ordered, the evaluator will attempt to obtain informed consent.
 - F. The evaluator will select and use evaluation procedures that are consistent with the standards of evaluation relevant to the particular type of evaluation.
 - G. The evaluator will administer evaluation procedures in a standardized manner. The evaluator will make conclusions based on reliable and valid evaluation procedures and results. Compromises to the reliability or validity of information obtained in an evaluation will be reported with the results.
 - H. The evaluator will provide results of the evaluation to the referring LIP, treatment team, the patient, and others with a need to know the information. Information may be entered into the record in the form of a progress note and/or formal written report. The evaluation report may be contained in the patient's electronic health record. The evaluator will be prepared to testify in court about the results of a psychological evaluation.
 - I. The Health Information Department will release psychological evaluation reports as authorized by the patient, guardian, court-orders, federal laws, and state laws. The same department will not release raw test data without first consulting the Psychology Department supervisor about the qualifications of the recipient of that data, to ensure appropriate use of raw test data.
- VI. REFERENCES:** Federal standards: 42 CFR 482.62 (e). State Standards: §37-17-102, §37-17-301, §37-17-302, §46-14-213
- VII. COLLABORATED WITH:** Director of Clinical Services, , Medical Director, Hospital Administrator, selected Psychologists.
- VIII. RESCISSIONS:** #PGS-01, *Psychology Assessment and Evaluation* dated February 23, 2011; #PGS-01, *Psychology Assessment and Evaluation* dated February 11, 2011; #PGS-01, *Psychology Assessment and Evaluation* dated May 3, 2007; #PGS-01, *Psychology Assessment and Evaluation* dated October 24, 2003; #PGS-01, *Psychology Assessment and Evaluation* dated February 1, 2000; HOPP #13-061.031379, *Psychological Assessment and Evaluation* dated March 13, 1979.

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- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Director of Clinical Services
- XII. ATTACHMENTS:**
- A. Request for Special Consultation, Evaluation, or Treatment.

_____/____/____
John W. Glueckert Date
Hospital Administrator

_____/____/____
Thomas Gray, MD Date
Medical Director

Request for Special Consultation, Evaluation, or Treatment

Montana State Hospital

I. Identifying Information

Patient name: _____ ID #: _____ Unit: _____
 Guardian's name: _____ Guardian's phone: _____

II. Request

Date of request: _____ Requested by (print): _____
 LIP signature authorizing request: _____
 Priority of request: ☐ Emergency (call the contact) ☐ Urgent ☐ Routine

III. Requested from (department/service)

Contact: Number:

<input type="checkbox"/>	Psychology (evaluation, testing, psychotherapy)	Sarah DeBois	7093
<input type="checkbox"/>	Counseling (mental health counseling)	Sarah DeBois	7093
<input type="checkbox"/>	Chemical Dependency (evaluation, CD counseling)	Sarah DeBois	7093
<input type="checkbox"/>	Social Work (social services, disability benefits)	Sherri Bell	7005
<input type="checkbox"/>	Group Homes (screenings, placement)	Sherri Bell	7005
<input type="checkbox"/>	Peer Support (peer counseling and support)	Beth Eastman	7145
<input type="checkbox"/>	Rehabilitation (evaluation, placement)	Beth Eastman	7145
<input type="checkbox"/>	Religious/Spiritual (evaluation, counseling)	Beth Eastman	7145
<input type="checkbox"/>	Vocational (evaluation, counseling, placement)	Beth Eastman	7145
<input type="checkbox"/>	Other: _____		

IV. Requested Service

☐ Consultation (list specific request or referral question): _____

☐ Evaluation (list specific request or referral question): _____

☐ Treatment (list specific request): _____

V. Request Received and Assigned (completed by receiving department)

Received by (print name): _____ Date: _____
 Assigned to (print name): _____ Date: _____
 Note: _____